proved to be efficacious in the management of SSTI. An economic evaluation was performed to determine the most cost-effective alternative between daptomycin and linezolid for the treatment of SSTI with failure to vancomycin therapy. **METHODS:** A cost-effectiveness analysis was performed from an institutional perspective (Mexican Institute of Social Security, IMSS). Both drugs are included within the treatment guidelines as secondary therapy for SSTI following vancomycin failure. As required per guidelines, use of concomitant therapy with ciprofloxacin and metronidazole was also considered. Effectiveness and safety data was taken from published literature; effectiveness parameters included clinical and microbiological cure, and safety parameters included drug-related adverse events. Resource use data was obtained from the institution; total direct costs of hospitalization and treatment were considered. The source of the unit costs was the institution, current for 2010. All costs are expressed in local currency (Mexican Pesos, MXP). The time horizon was less than 1 year; no discount rate was used. A decision tree was built, considering two possible outcomes: success and failure to treatment. A probabilistic sensitivity analysis was performed through a Monte Carlo simulation with 100,000 iterations to confirm the robustness of the model. **RESULTS:** The results show a cost/effectiveness ratio of $52,135.67 MXP for daptomycin compared to $67,623.14 MXP for linezolid, making daptomycin a more cost-effective alternative (dominant) for the treatment of SSTI. The sensitivity analysis confirmed the robustness of the model. **CONCLUSIONS:** From an institutional perspective in Mexico, daptomycin is a more cost-effective (dominant) alternative than linezolid for the treatment of SSTI in patients that failed treatment with vancomycin.

PIN30

COST EFFECTIVENESS ANALYSIS OF THE COMBINATION EFAVIRENZ (EFV), TENOFOVIR (TDF) AND EMTRICITABINE (FTC) ONCE A DAY IN TREATMENT OF NAÏVE ADULT PATIENTS WITH HIV INFECTION IN MEXICO

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OBJECTIVES: To evaluate the cost effectiveness analysis of Efavirenz/Emtricitabine/Tenofovir ((TDF+FTC+EFV) in naïve patients with HIV from the public health system Mexican perspective. **METHODS:** A decision tree model was developed to estimate the efficacy and expected value of direct medical costs. Efficacy was measured by the percentage of individuals with plasma HIV RNA < 50 copies/mL and and < 400 copies/mL. at 96 weeks, based on a systematic review and meta-analysis of clinical trials of regimens in treatment-naïve populations. Model follows the recommendations of antiretroviral persons handling Guide with HIV in Mexico (2009 SSA). The direct costs and treatment of adverse events in the treatment of HIV were estimated. When the patient failure, the cost of new treatment was added. The unitary costs were obtained from the Mexican public health institutions. All costs were calculated in 2010 Mexican Pesos (MXP). Incremental-cost-effectiveness-ratios were expressed as cost per 1% of individuals with plasma HIV RNA < 50 copies/mL and and < 400 copies/mL Costs and outcomes were discounted at 5%. Probabilistic sensitivity analyses via Monte Carlo simulations were undertaken to incorporate likely distributional properties of key model. **RESULTS:** EFV+FTC+TDF was most effective than others comparators with probability of 0.734 (CI95%:0.601-0.835; n=514) -except when compare with TDF/FTC + ATV/r with efficacy of 0.743 CI95%:0.700-0.786; n=440- and 0.746 (0.686-0.798; n=232) of having <50 or <400 RNA copies/ml respectively at 96 weeks, EFV+FTC+TDF resulted as the alternative with less unitary average total cost ($60,026.00 MX and $60,122.00, respectively). TDF/FTC/EFV combination is a dominant option and cost saving compared to alternatives, except TDF/FTC + ATV/r (cost per 1% of individuals with plasma HIV RNA < 50 copies/mL of $8,490,581).Deterministic and probabilistic sensitivity analysis showed that the findings are robust. **CONCLUSIONS:** Efavirenz/Emtricitabine/Tenofovir is a cost effective drug on 96 weeks for the treatment of adult naïve patients with HIV infection in Mexico.

PIN31

COST-EFFECTIVENESS ANALYSIS OF DIFFERENT APPROACHES TO THE DIAGNOSIS AND TREATMENT OF INFLUENZA-LIKE ILLNESS IN HEALTHY ADULTS

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OBJECTIVES: This study predicted and analyzed outcomes among six options (universal antiviral therapy without testing [Universal], empiric therapy without testing [Empiric], empiric therapy with lab testing [Empiric_Lab], treatments responding to lab results [Standard], treatments responding to point-of-care testing [POCT] results and no treatment [NoTx]) in healthy adults with influenza-like symptoms who visit physicians within or beyond 48 hours of the onset of symptoms. **METHODS:** A decision model was created to predict total and direct medical costs, symptom-free days, quality of life and days of work lost within 14 days from the perspective of patients. Most model inputs were derived from the literature; some were obtained from internal data and expert opinions. Total costs (in $2009 USD) included costs associated with prescriptions/OTC, tests, complications, hospitalization and work-day loss. Cost-effectiveness analysis, cost-utility analysis and probabilistic sensitivity analysis were performed. **RESULTS:** Total costs per symptom-free day were $119 ($874/7.3), $130 ($893/6.9), $163 ($1,086/6.7), $162 ($1,103/6.8), $189 ($1,117/5.9) and $280 ($1117/4.2) for Universal, NoTx, Standard, POCT, Emiric_Lab and Empiric, respectively. Total costs per quality of life were $1,560 ($874/0.56), $1,641 ($893/0.54), $2,156 ($1,086/0.50), $1,949 ($1,103/0.57), $1,993 ($1,117/0.56) and $2,195 ($1117/0.54) for Universal, NoTx, Standard, POCT, Emiric_Lab and Empiric, respectively. Direct medical costs were $238, $169, $380, $336, $358 and $193 for Universal, NoTx, Standard, POCT, Emiric_Lab and Empiric, respectively. Direct medical costs per symptom-free day were $46, $25, $57, $49, $60 and $$46 for Universal, NoTx, Standard, POCT, Emiric_Lab and Empiric, respectively. Direct medical costs per quality of life were $425, $311, $755, $594, $639 and $$360 for Universal, NoTx, Standard, POCT, Emiric_Lab and Empiric, respectively. Sensitivity analysis indicated the study results were robust. **CONCLUSIONS:** With consideration of total costs, the universal option was the most cost-effective option. With consideration of direct medical costs only, no treatment is the most cost-effective option.

PIN32

PHARMACOECONOMIC ANALYSIS OF MARAVIROC IN TREATMENT-EXPERIENCED HIV PATIENTS IN BRAZIL

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OBJECTIVES: Antiretroviral combinations have been successful in delaying human immunodeficiency virus (HIV) progression; however, drug resistance may occur. Maraviroc and enfuvirtide are two drugs currently used in treatment-experienced HIV patients. The objective was to determine the economic impact of maraviroc versus enfuvirtide in HIV patients previously treated with conventional antiretrovirals. **METHODS:** A Markov model was developed to assess the economic consequences of the targeted therapies. The type of analysis was cost-minimization based on the premise of clinical equivalence. The clinical outcome used to support the clinical assumption was the odds ratio of decreasing >=1.0 log10 viral copies/ml over placebo. Targeted population was composed of adults infected with HIV virus (CCR5 co-receptor tropism), who underwent previous anti-HIV treatments and proved therapeutic failure. Model input data derived from a previously observed cohort of HIV patients in Brazil. A lifetime horizon was used. The economic perspective was that of the Brazilian Ministry of Health (MoH) as a payer and provider of medical services, treatments, and healthcare to its beneficiaries. Costs were expressed in 2010 Brazilian Currency (1BRL=0.59USD). Univariate and multivariate (Monte Carlo) analyses tested model robustness. **RESULTS:** An indirect comparison between the interventions showed that the effects of the drugs over placebo was similar from a clinical (odds ratios with approximate values) and statistical (overlapping confidence intervals) standpoints. Thus, clinical equivalence between the drugs was assumed. The economic analysis showed that the total cost of anti-HIV treatment per patient with maraviroc was approximately BRL17 thousand lower than enfuvirtide. Probabilistic sensitivity analysis reported 87% chance of having reduced treatment costs by choosing maraviroc over enfuvirtide. **CONCLUSIONS:** The use of maraviroc in treatment-experienced HIV patients showed to be beneficial for the Brazilian MoH in reducing the economic burden of the disease. The estimated annual budget impact ranged between BRL 8.0 to 10.5 million favorable to cost reduction.

PIN33

COST-UTILITY ANALYSIS OF RALTEGRAVIR IN HIV-INFECTED TREATMENT NAÏVE PATIENTS IN SWEDEN

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OBJECTIVES: Raltegravir, an integrase inhibitor of HIV-1, is approved for use in both treatment naïve and treatment experienced HIV-1 infected patients. In Sweden, raltegravir is reimbursed for patients with documented drug resistance and used predominately in heavily treated experienced patients. This study aims to investigate the cost-effectiveness of using raltegravir in treatment naïve patients versus using raltegravir as a salvage treatment. **METHODS:** A three-stage continuous-time Markov model representing successive HIV therapies was developed to predict the costs and quality-adjusted life years (QALYs) over a 50-year time horizon. Patients progressed to the next stage in the model as they failed or discontinued the current therapy for toxicity reasons. In each stage patients moved between 18 health states based on CD4 and HIV RNA levels. At anytime patients could die, suffer coronary heart disease or develop acquired immunodeficiency syndrome (AIDS). Initiation on a raltegravir-based regimen was evaluated versus initiation on a protease inhibitor (PI)-based regimen. During the second stage patients received a non-nucleoside reverse transcriptase inhibitor based regimen. Patients initiating on raltegravir progressing to the third stage received optimized salvage therapy (OT) whereas patients initiating on a PI received OT plus raltegravir. Data on effectiveness was gathered from randomized clinical trials and an HIV/AIDS database. Utilities and health care resource use were gathered from the literature and adapted to Swedish situation using expert opinion. **RESULTS:** Raltegravir-initiating treatment strategy offered longer undiscounted life expectancy compared to PI initiating strategy [20.51 vs. 18.60 years]. The incremental cost-utility ratio for using raltegravir in treatment naïve patients versus using raltegravir as a salvage treatment was 85 182 SEK per QALY ($12,564/QALY). Results were sensitive to analytical time horizon. **CONCLUSIONS:** Given the data and methods used, the model suggests that using raltegravir in treatment naïve patients compared to using raltegravir as a salvage therapy is cost-effective.

PIN34

INTRANASAL LIVE ATTENUATED (LAIV) VERSUS INJECTABLE INACTIVATED (TIV) INFLUENZA VACCINE FOR CHILDREN AND ADOLESCENTS: A CANADIAN COST EFFECTIVENESS ANALYSIS

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OBJECTIVES: Although influenza affects all age groups, influenza is common in children. Between 15% and 42% of preschool and school-aged children experience influenza each season. Recently, LAIV has been approved in Canada for use in